DOCUMENT RESUME

ED 439 784 PS 028 366

TITLE	From the Front Lines: Milwaukee's Child Welfare Community Speaks Out.
INSTITUTION	Wisconsin Council on Children and Families Inc., Madison.
PUB DATE	2000-01-00
NOTE	44p.
AVAILABLE FROM	Wisconsin Council on Children and Families, 16 N. Carroll St., Suite 600, Madison, WI 53703. Tel: 608-284-0580; Web site: http://www.wccf.org/publications.html.
PUB TYPE	Reports - Evaluative (142)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Child Welfare; *Program Attitudes; Program Evaluation; *Program Improvement; State Programs
IDENTIFIERS	*Child Protective Services; Program Monitoring; State Takeovers; *Wisconsin (Milwaukee County)

ABSTRACT

In 1998, the State of Wisconsin Department of Health and Family Services assumed responsibility for the Milwaukee County child welfare system. The Wisconsin Council on Children and Families has undertaken a multi-year, qualitative research project to monitor the state takeover. The three questions that this project seeks to answer are: (1) What parts of this new system, the Bureau of Milwaukee Child Welfare (BMCW), are working well? (2) What problems exist? and (3) What can be done to make improvements? This report summarizes information gathered during the first year of the project. The report presents the viewpoints of those individuals most closely associated with the system--clients and those who serve them. Following introductory sections that discuss national perceptions of child welfare, common problems experienced by child protective service systems, current innovations in child welfare reform, and the project's methodology, the report presents data gathered through a hotline, interviews, focus groups, and surveys. The findings are organized by participant group and address "What's Working?" and "Concerns." Child welfare staff indicated that technology, access to services, safety services, and foster parents were positive aspects of the system. Their concerns included paperwork, turnover rate, system fragmentation, training, and administration. Findings are also presented for community representatives, foster parents, and children's court personnel. An additional section presents funding and caseload data. The report concludes with the following recommendations: (1) improve the stability of services provided to children by reducing case transfers and worker changes; (2) reduce redundancy in required forms; (3) reduce turnover rate; (4) work to create a collaborative and collegial culture between BMCW and community agencies or systems; (5) reduce system fragmentation; (6) encourage cross-system communication and collaboration; (7) provide services for teens and teen parents; (8) identify need resources for children and families; and (9) improve support for foster parents. (Contains 10 references.) (EV)

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FROM THE FRONT LINES:
Milwaukee's Child Welfare Community Speaks Out

WISCONSIN COUNCIL ON CHILDREN AND FAMILIES, INC.

January 2000

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ABOUT THE COUNCIL

The Wisconsin Council on Children and Families is a multi-issue, non-profit, statewide child advocacy organization. The Council is dedicated to improving the well-being of Wisconsin's children and their families, particularly children who are disadvantaged.

Council staff advocates for children and families through research and analysis, government relations, public awareness, training and technical assistance. Information is disseminated through reports and bulletins, and the newsletter *Capitol Comments* with the insert "WisKids Journal." The Council is a KidsCount grantee of the Annie E. Casey Foundation and publishes the annual *WisKids Count Data Book on the Well-Being of Wisconsin's Children*.

Council activities are guided by a statewide Board of Directors. Council work is funded by memberships, donations, foundation grants and Community Shares. Information on membership and Council activity is available on the website. The Council is a member of the National Association of Child Advocates, a nationwide network of child advocacy organizations.

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FORWARD

At their inception, child welfare systems were designed to deal with cases of abuse and neglect. However, they also dealt with broader policy issues related to children and families' socioeconomic status, recognizing that front-end prevention might head-off abuse.

Unfortunately, the sheer volume of cases has forced systems to focus their efforts at the back end of the child welfare spectrum. Mandated reporting laws and increased drug use by caregivers, among other reasons, have caused the number of reports of abuse and neglect to swell. Currently, almost one million children are reported to be abused or neglected in the United States each year.

By almost anyone's standards, running a compassionate, yet effective, child welfare/child protective services system is difficult--for everyone from line staff to top administrators. Daily, child welfare workers make decisions that determine whether children stay at home or are removed from their families. They bear the burden of knowing that a wrong decision could harm the child or, at worst, cost the child his/her life.

Administrators must ensure that all children are being served and protected while operating within budgets that, frequently, are inadequate. Always under public scrutiny, they must manage the system in a way that complies with federal and state mandates.

The community, too, shoulders a burden in the child welfare system. Children's court judges, commissioners, attorneys and others work to legally protect children and ensure permanence in a timely manner; foster parents care for children removed from their homes; community agencies provide services to children and their families. Adult family members often face multiple issues. They may have been victims of abuse or they may suffer from drug or alcohol addictions; in either situation, it is difficult to parent appropriately. But, finally, the system exists for the children, whose safety and future prospects are at risk.

Milwaukee's system was not unlike most other urban systems; it struggled to deal with the changing landscape of child welfare under significant budgetary and resource constraints. Finally, the state assumed responsibility for Milwaukee County's child welfare system, making it the only state-run system in Wisconsin.

According to a Bureau of Milwaukee Child Welfare (BMCW) document:

> Our mission is to promote the best interest of children by supporting and encouraging families' efforts to resolve problems which threaten the safety of their children. We will remove children from their homes only when they are not safe. When children cannot be reunited with their families, we will provide suitable alternatives in permanent, stable and nurturing homes.

Wisconsin has made a significant investment in the reform effort, not only fiscally, but also in system design. It remains to be seen if the new system will operate in a manner consistent with the stated mission and the expectations of the community. Most importantly, will the new system effectively protect Milwaukee's most vulnerable children?

The Wisconsin Council on Children and Families was approached by community members, and funded locally, to undertake a qualitative project that would give a voice to the people who work in or with the Bureau of Milwaukee Child Welfare. This report focuses on those persons -- their experiences and beliefs, conveyed in their own words through a hotline, interviews, focus groups, and surveys during the past six months.

Reform of the Milwaukee system creates a unique opportunity to implement innovative approaches to child welfare...and to make the necessary adjustments before problems become institutionalized. The goal of this project is not to declare whether the new child welfare system is a "success," or whether the state is doing a "good job" or "bad job"; it is to report the experiences of people who are touched by the system. We anticipate that their comments will be respected, valued, and used by Bureau administrators as they nurture those initiatives that are working, improve those that are not, and continually strive to improve the well-being of abused and neglected children in Milwaukee County.

The Council would like to thank all project participants for their time and commitment to children and families.

Tanya Atkinson, Project Coordinator

SECTION ONE

Introduction

On January 1, 1998, the State of Wisconsin Department of Health and Family Services assumed responsibility for the Milwaukee County child welfare system. 1995 Wisconsin Act 303 transferred authority for the delivery of child welfare services from Milwaukee County to the Department of Health and Family Services (DHFS). Milwaukee became the only county in Wisconsin to have a state-run child welfare system.

This dramatic shift in control followed years of discontent with the County-run child welfare system. The Zeller Report and the 1993 class-action lawsuit filed by the American Civil Liberties Union (ACLU) and the national organization, Children's Rights, Inc. contain documentation of system-wide problems. The Zeller Report (*Milwaukee County Children's Services Strategic Plan* authored by Zeller and Associates) showed that significant increases in the number of children coming into the system caused large increases in County expenditures. During the ten year period from 1985-1995, the County tax levy for the child welfare system increased from less than $3 million to $37 million, while the number of Milwaukee County children placed in out-of-home care increased by 230 percent.

Problems with service delivery prompted the ACLU and Children's Rights Project to file the lawsuit charging the state and county with failure to adequately protect children.

In response to the crisis, the 1995 State of Wisconsin Budget Act remanded the then Department of Health and Social Services (now, DHFS) to submit a proposal to the legislature that would transfer duty and authority for the child welfare services from Milwaukee County DHS to the state. This proposal led to the aforementioned Act 303 and state takeover. The Wisconsin State Department of Health and Families Services (DHFS), Bureau of Milwaukee Child Welfare (BMCW) now administers Milwaukee's child welfare system.

It has been two years since the State of Wisconsin took responsibility for Milwaukee County's child welfare system. An obvious question arises: Is the new system working any more effectively for children and families?

In order to provide some answers, the Wisconsin Council on Children and Families, through a grant from a local foundation, is conducting a qualitative research project to monitor the state takeover.

The three questions that this project seeks to answer are:

- What parts of this new system are working well?
- What problems exist?
- What can be done to make improvements?

This report summarizes information gathered during the first year of the project. It presents the viewpoints of those individuals most closely associated with the system - those who are

clients and those who serve them. Based on the data gathered, some system improvements are suggested.

Before discussing project outcomes, it is important to understand the child welfare field as a whole. This first section will address national perceptions of child welfare, common problems experienced by child protective service systems, and current innovations in child welfare reform.

National Perceptions of Child Welfare

There is little question that the child welfare system is viewed as troubled. "The child welfare system is seen as broken and in need of fixing. The myriad of class-action lawsuits and service integration and system reform initiatives in the past 10 years attest to the 'broken' state of child welfare." (Field, 1996)

A major issue concerns permanency; are child welfare systems securing permanency for children who have been abused or neglected? In December 1996, "President Clinton issued a bold challenge to states...to double the number of children moved each year from foster care to adoptive homes by the year 2002. 'The public child welfare system was created to provide a temporary haven for children,' he said, 'not to let them languish forever in foster care.'" (Eggers, 1997)

Recent federal legislation illustrates the serious need for reform in child welfare systems. The 1997 Adoption and Safe Families Act (ASFA) mandated that states meet certain requirements to ensure permanency for children. In part, ASFA:

- Requires that a petition to terminate parental rights be filed when a child has been in foster care for 15 of the most recent 22 months, with certain exceptions.
- Requires reasonable efforts toward permanence.
- Creates adoption incentive payments for each child adopted above a baseline number of adoptions.
- Clarifies that concurrent planning does not conflict with reasonable efforts. (Allen, 1998)

Despite legislative initiatives to improve child welfare, individual systems that deal directly with children and families continue to face a myriad of problems that make implementing reforms a daunting task.

Common Problems

The number of reports of child abuse and neglect remain high. According to the Child Welfare League of America (CWLA), in 1997, an estimated 3,195,000 children were reported abused or neglected. The total number of children reported abused or neglected increased 41 percent from 1988 to 1997 (CWLA, 1999).

However, as the number of abuse and neglect reports rise, funding for prevention and intervention programs has been a target for spending cuts. For example, in 1998, Congress significantly decreased the Federal Social Services Block Grant (SSBG) - Title XX of the Social Security Act. One of the goals of the SSBG is to prevent neglect, abuse, or exploitation of children and adults (Caribell, 1999). In Wisconsin, SSBG dollars make up part of the state and federal funds that are allocated to counties in the form of Community Aids for social service programs, including those for children in need of protection and services. In Wisconsin, SSBG funding was cut by $6.4M in 1997-98 and $6.95M in 1998-99. Fewer federal SSBG dollars meant less funding for counties as Community Aids were reduced.

A high turnover rate among child welfare workers is another common problem. Retaining qualified professionals is an issue child welfare systems have faced for decades. In 1960, the Children's Bureau report, In Search of Staff for Child Welfare, noted staffing shortages nationwide and urged states to develop aggressive recruitment and retention strategies. The current staffing problems of public child welfare agencies indicate that this message has gone unheeded. (Rycraft, 1994)

Some major reasons cited for worker turnover include large caseloads, high job stress, insufficient salaries and opportunities for promotion, lack of agency and public support, inadequate training and changes in job responsibilities. (Rycraft, 1994)

A recent national survey by the American Federation of State, County and Municipal Employees (AFSCME) repeated these themes, emphasizing the issue of caseload size. The Child Welfare League of America recommends a maximum of 12-15 children in foster care per worker, or seven families (assuming an average of two children per family). Of 27 locations surveyed by AFSCME, only three were at, or below, CWLA's recommended caseload size. The report indicated that workers were responsible for anywhere from three to 37 families. (AFSCME, 1998)

Another prevalent issue relates to worker safety. In the AFSCME survey, more than 70 percent of the affiliates that responded reported that front line workers had "been the victim of violence or threats of violence in the line of duty." (AFSCME, 1998)

The report reaffirmed additional concerns expressed by child welfare workers for decades. These include:

- Time spent in court, attending meetings, doing paperwork, etc. makes it difficult to meet other legitimate caseload demands.
- Wages are not commensurate with job responsibilities. Most require a minimum of four years of college, while entry level salaries often fall in the mid $20,000s.
- Training is inadequate and workers often lack input in developing the training they need. (AFSCME, 1998)

Models of Child Welfare Reform

One of the most discussed innovations in child welfare reform is privatization. The design of BMCW, which will be discussed later, utilizes a quasi-privatized approach. Perhaps the most comprehensive example of privatized child welfare services is found in Kansas. In 1997, the state of Kansas fully privatized its child welfare system. The Kansas Department of Social and Rehabilitation Services purchases adoption, foster care and family preservation services from a network of private providers. (Eggers, 1997)

Like many other states, Kansas had a child welfare system in disarray; children languished in foster care and adoption services were neglected. In 1990, the ACLU filed a class-action lawsuit against the state on behalf of children. The court placed the state under a consent decree, but, for five consecutive years, they failed to meet the requirements. The full system reform that followed led to privatization. (Eggers, 1997)

Kansas now purchases all of its services, while monitoring the agencies' compliance with accountability standards. Private providers are paid a one-time, per-child capitated rate, similar to a managed care model. The identical, one-time lump sum is paid out, per child, regardless of the extent or amount of services needed. This approach eliminates the "fee for service" system; providers no longer receive monthly payments for the children they serve. Proponents believe the current system provides the financial incentive to find permanent placements for children in order to avoid more costly, long-term foster care. (Privatization Database, 1999)

Kansas-style privatization of child welfare services is still too new to allow reliable outcome analysis. Such analysis, when available, may have a profound effect on the delivery of child welfare services, nationally.

Another innovation in child welfare reform is community-centered child welfare services. The Edna McConnell Clark Foundation is funding community child protection programs in Michigan, Hawaii, Vermont, Florida, Kentucky, Missouri and Iowa.

The programs are structured to meet the individual needs of the community, but they share some common goals. Community protection programs are designed to acknowledge that, while governmental agencies have legal authority to protect children, networks of service providers, who share in the responsibility of protecting children, may offer quicker and more intensive and effective responses to child abuse. (Shirk, 1998)

For example, in Missouri, the St. Louis Neighborhood Network has neighborhood "Hubs" that are based in schools, a church, and a neighborhood organization. These Hubs are centers for localized networks of service providers, business owners, and parents. The Hubs train family support workers recruited from the community to help families work on their problems and build strengths so they can keep their children safe. At one Hub, a family support worker provides intensive in-home assistance to families whose children are at risk of chronic neglect. At the same time, state CPS workers attend trainings to learn how to better interact with families. Some workers have even been outstationed at a local Hub. Again, this initiative is new and outcome data is not readily available. It does, however, offer another example of reforms aimed at improving ailing child welfare systems.

SECTION TWO

Background

Bureau of Milwaukee Child Welfare (BMCW)

In 1998, the State of Wisconsin took over administration of Milwaukee County child welfare. This followed a number of years during which Milwaukee's system experienced serious problems similar to those in many other large child welfare jurisdictions.

The state's takeover included complete system redesign. BMCW is different than the previous system in physical structure and service delivery. The state utilizes a decentralized, "public-private partnership" model. State employees are responsible for intake and assessment services. The state contracts with: 1) private and county agencies to provide case management for children in out-of-home care and 2) private and county agencies to provide in-home "Safety Services" that are intended to ensure child safety and prevent out-of-home placement.

The Bureau of Milwaukee Child Welfare (BMCW) is divided into five regions, with a BMCW site physically located in each region. Based on county data, it was estimated that each site would receive approximately 20 percent of all referrals.

Each regional site contains three main service components:

- Intake and assessment performed by state BMCW social workers
- Safety services coordinated by contract vendors
- Ongoing case management provided by contract vendors

For a system description please see Attachment 1.

WCCF Monitoring Project

Although the state consulted with national and local child welfare experts and community based service providers in the development of this system, it is not yet clear whether these changes will improve outcomes for Milwaukee County children. The Wisconsin Council on Children and Families, Inc. (WCCF), as an independent agency, has monitored the implementation of the state administered child welfare system.

Project Objective

- To improve the well being of abused and neglected children in Milwaukee by monitoring the implementation of the new child welfare system.

Project Tasks

- Identify those areas where the new child welfare system is operating effectively in the best interests of children and their families and suggest improvements in those areas where it is deficient.

• Disseminate project findings to appropriate decision-makers, including the Director of BMCW, state and local officials, public and private agency directors and the public.

A Make recommendations for changes in the system as appropriate.

Project Methodology

Monitoring activities were qualitative in nature and included a time-limited, information-gathering hotline, interviews, focus groups, and surveys. All interview, focus group and survey tools were developed by WCCF staff and reviewed by Innovation Network (Attachment 2).

1. Hotline Methodology

A time-limited, information-gathering hotline was established to gather the views and experiences of a sample of persons familiar with BMCW. In an effort to reach diverse audiences, WCCF advertised this hotline through mailings to BMCW staff, Milwaukee Public School (MPS) personnel, foster parents, law enforcement officers, community service agencies, and local churches. In addition, the Milwaukee Journal Sentinel and Wisconsin Public Radio announced the hotline in related stories (Attachment 3).

WCCF staff developed a standard data collection form that was used by the volunteer interviewers (Attachment 2). Because the calls were confidential, all identifying information was purged from the responses that are quoted later in this document. Note: While the data collection form does include a thematic checklist, volunteers were instructed only to listen to the caller and not use the checklist to steer the interview in any way. The checklists were used after the calls were completed. The data fields on the checklist were derived from themes that emerged in earlier focus groups and interviews.

The volunteers were trained before answering calls. Prior to conducting the interview, each volunteer provided the caller with information about the purpose of the hotline. Most volunteers were WCCF staff. Others were recruited based on their prior knowledge of child welfare systems and interviewing and communication skills. The hotline also was staffed by a bi-lingual Spanish speaking volunteer.

The hotline operated for six evenings, September 27-30 and October 3-4. A total of 63 calls were received representing the following groups:

- biological parents,
- law enforcement officers,
- community social service providers,
- foster parents,
- health care providers,
- school social workers,
- teachers,
- special education teachers,
- other community members and
- child welfare system employees in the areas of adoption, foster care licensing, initial assessment, ongoing case management, safety services and program assistant.

The highest number of calls came from foster parents, education personnel, community social service providers and system employees.

During the hotline, trained volunteers recorded information provided by callers about their experiences with the system, both positive and negative. Because hotline callers may hold different views than non-callers, the reported perspectives cannot be generalized beyond the sample. Nevertheless, the information gathered through the hotline provides insight into beliefs and attitudes regarding the child welfare system.

2. Participant Selection

Interview and focus group participants were obtained using the snowball technique, which involves a series of referrals from participants whereby the size of the sample increases exponentially (Miller, 1997). Interviews were held with 12 system employees, 10 education personnel, four attorneys/court personnel, a judge, and four community social service providers. One focus group was held with six education personnel and two with a total of 15 attorneys/court personnel.

Surveys were sent to all child welfare system staff and licensed foster parents. 1,265 surveys were mailed out to licensed foster parents in Milwaukee County. 252 were returned for a response rate of 20 percent. Hotline participants self-selected in response to the advertising efforts noted above. In total, more than 395 persons who have contact with the child welfare system participated in this project. Participants included:

PARTICIPANT GROUP	DATA COLLECTION METHODOLOGIES	TOTAL PARTICIPANTS
BMCW and Vendor Staff	Interviews, Surveys, Hotline	76
Education Personnel	Interviews, Hotline	25
Community Social Service Providers	Interviews, Hotline	12
Children's Court Personnel	Interviews, Focus Groups	20
Health Care Providers	Hotline	4
Foster Parents	Surveys, Hotline	265
Biological Parents	Hotline	3
Other	Hotline	2

While the nature of qualitative research does not allow results to be generalized beyond the sample, the research methodology, the size of the sample, and the diversity of respondents provide an opportunity to gain a deeper understanding of the child welfare system.

The following sections of the report are organized by participant group.

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SECTION THREE

Child Welfare Staff

At the core of the child welfare system are the staff, the people who are directly responsible for carrying out BMCW policies designed to protect children in Milwaukee County. Staff includes social workers, case managers, supervisors, administrators, and support personnel. When fully staffed, the system should have almost 700 employees, of whom more than 500 work for contract agencies.

Staff views were obtained through interviews, the hotline and surveys (Attachment 2); 76 employees participated in the project, including line workers, supervisors and support staff. The following summaries reflect some of the main themes that emerged.

What's Working?

Technology
Access to computers, e-mail and other technologies was appreciated by workers. At least 11 participants expressed their belief that the addition of more computers was helpful.

> *"We appreciate the computer with access to E-mail for improved communications and access to the internet to improve information we can make available to our clients."*

Currently, the State of Wisconsin is implementing WiSACWIS, a statewide information technology system. This system will be used in all county administered child welfare systems and the Bureau of Milwaukee Child Welfare. By January 2000, the system will be at least partially implemented and available for referral and intake management, basic case management functions, resource management, provider/vendor payments, and conversion of SCRIPTS/SIMPLE data. (AMS, 1999)

> *WiSACWIS will manage information from the point of referral or initial contact with the child welfare system, through the investigation and assessment process, concluding in a service plan that is monitored until case closure. [From the DHFS Website]*

In other states, similar information systems are used to collect and manage data, particularly data that is required by the federal government. Eventually, such information systems may promote better outcomes for children and families, increase system accountability, improve shared case planning and efficient interaction between service providers, and better inform the public's "Need to Know." (AMS, 1999)

Access to Services
At least 12 participants acknowledged the increased investment in, and accessibility to, services for children and families.

"She was getting denied her special bed for Title XIX. One of the sites came up with money from somewhere and...it is being delivered...she is going to have that bed that she was denied."

Safety Services

About five workers also applauded the Safety Services aspect of the system, which increases service options and emphasizes prevention.

"Safety Services is a major help. To be able to actually refer this family, especially the deprived, the working poor who do not have good insurance coverage, that I can refer the family for services. So there the Bureau is very helpful..."

"I think that (Safety Services) is a good idea...the idea of prevention, it is kind of novel for Wisconsin...I think that if more money was put into that, we might be able to lessen the amount of kids in the system and have to be taken out of their homes and go through all of the trauma. I think Safety Services in that respect needs to be expanded."

Foster Parents

A few participants praised foster parents for taking on a very difficult job. While workers noted that the quality of foster homes varied widely, most indicated their experiences with foster parents are often positive.

"There are some terrific foster parents, let me say that. That is one thing I like about my job. I really like some of the foster parents who I work with."

Concerns

Paperwork

At least 49 of workers from all parts of the system discussed the issue of paperwork. This subject far and away emerged as the issue most consistently discussed. They most frequently stated that:

- the majority of time is spent on paperwork;
- additional paperwork keeps being added;
- many of the required forms are repetitious;
- assessment tools are repetitious and vague;
- management keeps giving new directives to change forms and expects that all other work be dropped to complete new paperwork;
- excessive paperwork takes time away from families; and
- workers are given the message that paperwork takes priority over children and families.

Complaints about BMCW paperwork requirements came from a very diverse group of workers; those with decades of experience in child welfare (and the paperwork that goes along with it) to workers with a just few months experience. Regardless of years of service, their comments were quite consistent.

> *"You are documenting the fact you document your case activity. It is just another layer. That is totally unnecessary. It is time consuming and it is keeping us from doing what we need to do which is work with our families."*

> *"Of all the time I spend on a case, I would say 75-80% of it is paperwork. I would rather do more visit time."*

> *"I can't emphasize enough how meaningless and irrelevant a lot of that paperwork is."*

> *"Obviously it impacts my ability to get out because when you say stop everything, cancel all visits, cancel all home visits, cancel all sibling visits that you were going to transport for and do this now...It stops us from doing what we should be doing..."*

> *"It is all statistical because the state, the only thing so far is quantitative, you have 5000 in care, do we have 5000 permanency plans...do we have 5000 case evaluations, do we have 5000 whatever. No one has taken the time to do qualitative assessments (of) the work we do."*

> *"My biggest concern, and paperwork is not it, paperwork (being) the priority over kids. I would prefer to see my kids more. I am not doing that like I used to because I have so much to tie me down. I could even have a whole week of nothing scheduled and I could sit there and do paperwork and never catch up."*

> *"Every good social workers knows you have to have documentation...unfortunately in this new system...the ongoing worker ends up doing just about everything and it is and impossible job when you have an overload of cases."*

Participants were able to give specific examples of how paperwork could be improved to reduce redundancy. Adoptive Family Assessments and Foster Family Assessments were frequently mentioned as needing modification. There was concern that the indicators do not provide a thorough background profile of the family. Additionally, case managers noted that the requirement to file separate court reports for children in in-home versus out-of-home care was redundant, since much of the information on both reports was identical. Many workers indicated their willingness to give input and participate in efforts to revise documentation and assessment tools.

Contextually, it is relevant here to discuss the pending lawsuit against the state. While a number of the claims in the lawsuit were dropped, case documentation (paperwork) is one key issue that remains in the court. To paraphrase, part of the original lawsuit included a claim that the system did not have adequate records, including case plans, for children in care. US Circuit Court Judge Randa found that Federal law requires that states have a written "case plan" and written "case review system" for each child in their care. Federal law requires that documentation be a component of the child welfare system and an individual right of each child.

Foster Care

While some workers did praise the work that individual foster parents do, a majority (at least 41) expressed their concern about the state of foster care.

Workers believed that foster families often deal with several different case managers due to high turnover rates and, as a result, may not know with whom to communicate about the children in their care. Further, many workers believe that foster parents are not getting enough support and respect from the system. Consequently, they see many qualified foster parents quitting.

> *"I have seen at least 3 homes a month call me and say 'I don't want to be a foster parent anymore. It is just too much trouble. I don't get enough support. I don't know who to go to with the problems that I have and the children you are giving me are impossible to deal with.'"*

Participants noted the alleged difficulty that foster parents have in accessing supplemental payments for children with special needs.

> *"Site managers seem very resistant to approving supplements for foster children who have documented special needs...Some foster parents have been told that requesting a supplement is not looked upon kindly and makes the foster parent appear 'greedy.'"*

Concern also was expressed about the quality of some homes, the lack of foster care homes (particularly for boys, teens and teen parents) and the increasing use of emergency foster care placements.

> *"What we are finding is that they are putting children in homes of convicted felons. They are putting children in homes that are almost as bad as the homes that they took them out of because we can't find enough foster homes. Then we have to go out and try to license these people and then we can't license them so then the children have to be moved again. So you are moving children from place to place and there is no continuity. I know of children who have been placed six and seven times in about two years."*

Turnover Rate

Unfortunately, many child welfare systems experience high turnover rates among the workers. BMCW is no exception. They have acknowledged high turnover rates and recently released a summary of a new employee retention plan (Attachment 4).

While BMCW administrators and vendors may be attempting to address the turnover rate, it nonetheless continues to take its toll on the system. As noted previously, workers believe that foster parents are frustrated by the high turnover and lack of consistency in workers. Moreover, workers claim that turnover rates are having a detrimental impact on the services they provide to children. High turnover rates mean that many children in the system still do not have a stable adult to whom they can turn. Participants also noted that high turnover rates mean children regularly have to deal with new workers, some of whom want to start an existing case with "fresh" plans, which adds to the instability of the child's situation.

> *"There is no relationship between the worker and the kids. There is no trust. I have one kid that I inherited from another worker. I am his tenth worker. He is 17 but has only been in the system for not too many years, like five or so. When I came, he didn't even want to know my name. He called me 'Number Ten.' You can't help someone if they just anticipate you are going to leave right away."*

A few workers, who chose to speculate on the causes of turnover, attributed it to the volumes of paperwork, stress, caseloads, difficulty of the job and the frustration of not being able to meet all the demands - including seeing children at least once a month.

System Fragmentation

Twelve workers reported that, in addition to the turnover rate, fragmentation was an area of concern. It was noted that system procedures were causing serious problems in providing consistent services for children. They noted that because of BMCW policies, if a parent moved from one service zone to another, the child's case might be transferred as well, disrupting the consistent delivery of services. Or, if there is an imbalance in the number of cases between the various sites, cases might be transferred in an effort to bring about parity. If a child's case is transferred, a different case manager will be assigned and services originally provided may be interrupted because each vendor has different provider networks. Such inconsistencies are particularly significant in light of the latest scientific research, which clearly indicates that abused and neglected children need consistent, predictable, and structured living arrangements and support systems to compensate for developmental damage precipitated by the abuse/neglect.

> *"They will have different social workers coming in and out because if our parents are transient, every time they cross site lines, they get a new social worker. They might not get one right away because it may be transferred to a site where there isn't a worker available, so it just flounders for a few months...If they are being set up with services during this site and they are stable in those services, if their parents move, the next site doesn't necessarily have the same services. That has happened where they lose*

mentors or they lose people whom they have a relationship with because their parents move."

System fragmentation is blamed for breakdowns in communication among staff who must collaborate in order to work effectively with families.

"There is no sharing of information, no sharing of ideas. We all are just operating in our own little worlds and there is no cross-referencing."

Training

Twenty-four participants expressed dissatisfaction with the initial training process. A few of the more experienced workers noted that when the system initially switched over, they found the training to be a waste of their time, particularly given the length of time most of them had been working in child welfare.

"For me, it felt quite ridiculous because I already had been with the County for 5 1/2 years, and I also had my Master's degree about a year before that and had gotten a lot of similar type of information...Even doing things like treatment plans and goals, but the way that they had set it up seemed ridiculous. It felt like a waste of my time. Pretty much of it was."

Of the participants who discussed training, at least 16 expressed their belief that that the training is too theoretical and not directly related to their day-to-day activities or specific enough to Milwaukee.

"The training is not specific to day-to-day events."

A couple of workers expressed dissatisfaction with the caveat that the computer training was helpful, as was a subsequent training on court procedures.

"There was an inservice that had to do with going to court and that was the only training that I had that I found made any sense in terms of my job."

Administration

Another theme that emerged was workers' frustration with a BMCW that they believe is unfamiliar with the needs of Milwaukee, not supportive of line workers, and unwilling to solicit, or respond to, their input. The majority of participants, at least 42, noted this as an area of concern.

"Have contributed to overall poor morale. Don't support workers, which makes the workplace an emotionally unhealthy place to be."

"I was on a committee that met with state administrators to make suggestions. Later, I heard (the Director of BMCW) state that the ideas weren't implementable. Why not?"

"I just wish they would just come here for a week and try our job and see exactly how things are working and how they are not working and then they would understand a little better why we are saying the things we are saying."

"The current administration is either inexperienced, unqualified or unfamiliar with Milwaukee County issues and families."

SECTION FOUR

Community Representatives

The Bureau of Milwaukee Child Welfare (BMCW) describes itself as a "partner with the community." The community as a whole is deeply invested in child welfare. County and community agencies provide the bulk of formal services to children and families; relatives and private citizens provide homes for children in out-of-home care; education personnel work on a daily basis with children who have been abused or neglected; social workers, attorneys, commissioners and judges at children's court work in the best interest of children; the list goes on and on.

Fifty-five community members throughout Milwaukee County have participated in this project. (This does not include court personnel or foster parents, whose responses will be presented in following sections.) Summaries of data collected from individuals in the educational system and other community entities follow.

Educators

BMCW reports that the highest number of referrals in 1998 came from professionals in education. This continued in 1999. This is common in child welfare systems. Education professionals' daily contact with school children, coupled with their status as mandated reporters, often result in high numbers of referrals to child welfare agencies.

A total of 25 educators (teachers, school social workers and school nurses) from Milwaukee Public Schools and surrounding school districts participated in this project.

What's Working?

Intake
Eight educators who participated in the project identified the Intake process as the most positive part of the system. School personnel stated that Intake's response to reports has improved greatly and many considered it the most positive part of the system.

> *"I have the most contact with intake where I call and that is much improved...Now I call and I always get through. Earlier in the year some of my teachers would say that they felt they were treated rudely by the questioner, almost like they were the person who was at fault. So I think they have a handle on that now."*

Safety Services
At least four education staff specifically noted that they viewed the concept of Safety Services as positive. Their comments included their belief that families were receiving much needed services, the Safety Services managers communicated with school staff, and adjusted their work to conform to family schedules.

"The Safety Service workers that I have talked to, they really do...work all hours. They will be there at night at 7 o'clock if that's when the parents can meet with them. So they make enough changes in their schedule to hopefully fit the parents schedule."

"I found that they do come to the school and try to meet with the kids and follow-up with the school social worker and teachers to see how the children are doing."

Concerns

Collaboration and Communication

Almost every participant criticized the lack of communication between BMCW and the educational system. They firmly stated that, in the best interests of children, it is essential to develop formal mechanisms to share more information, receive follow-up, feedback and develop a collaborative relationship, while respecting confidentiality.

"I think they are really missing the boat when they don't sit down with the people that work with that kid on a daily basis...they can tell you so much about that kid, what the behavior is like, what they say about the home, they know him. You have a staff here, you have teachers, you have psychologists, you have guidance, you have social workers. Those are all people who can be helpful...and they don't use us at all."

"We had two workers come in and explain the system...We were told by them...how information was going to be shared by us. We were going to be able to identify who the worker is... That we would be able to know the workers, they were going to be able to contact us. They were going to be able to work collaboratively to help the families. A lot of false hope."

Eight participants mentioned that they were not notified of major changes in a child's situation, like removal from home or a change of foster homes, which sometimes had serious consequences.

"We have had some difficulties with...switching foster placements, more than one being taken from the home and placed...We sent them (children) on a bus home and they were wandering around their neighborhood because they didn't live in that foster home anymore...I called the Bureau and found out that that kid didn't have a worker assigned to him at that moment."

"We need to understand that this child's world has changed significantly..."

Intake

While school personnel were pleased with the improved access to Intake, a few expressed concern about the lack of a consistent, dependable, positive response from Intake.

> *"Sometimes I have called and have been very thrilled with how they handled it. They seem very compassionate, very caring, very thorough with the questions they ask and then there are other times they are like almost blowing me off, like this isn't something I want to hear about. Can't you call the police instead?"*

> *"Personally, if I need to make a report, if I am lucky enough to talk to a human being on the phone, I also fax something so that I have a hard copy to prove that I did in fact make a report, what was said and who I spoke to."*

Safety Services

It was noted previously that education participants believed Safety Services was a positive addition to Milwaukee child welfare; however, a few participants expressed frustration with the time limits on family participation and the fact that parental participation in the program is voluntary. They noted that many families have had years of dysfunction and it is unrealistic to expect sufficient change in a four-month period to assure that children are no longer at risk for maltreatment.

> *"The problem is my cases get dropped due to no parental follow-through more than anything else."*

> *"...while I am pleased that there are ongoing services in this particular family, four to six months is going to be short term and it is not long enough. The mother I know has a significant mental health history. She has been in the child welfare system several times before. She needs more monitoring."*

A couple of educators also expressed concern about the lengthy period of time that children are without services when a parent does not voluntarily cooperate with the system. Workers felt the lengthy process of re-referral to Intake leaves children at further risk.

> *"So this year, after many home visits, [a child's case] was referred again by me and the social worker from the other school. Again, it took 2-3 times and the kids are now removed. But here these kids were living in the same situation not any better than the initial visit was when they determined they were being neglected for over a year without any improvement. So now they have been removed for the home. But it was such a timely process. In the meantime, thank God nobody was seriously hurt."*

It is important to note here, that there appears to be a perception that families can only receive Safety Services for four months. However, according to DHFS policy, families can actually receive services for varying amounts of time. State contracts with Safety Services vendors mandate that the average amount of time families can be served extends to five months. So if a family requires fewer services, some of those resources could be dedicated to families with greater needs.

Turnover Rates, Inexperience and Caseload Responsibilities

At least seven participants noted that high turnover rates among child welfare workers, worker inexperience, and large caseload responsibilities are barriers to good collaboration and consistent handling of cases. Education professionals acknowledged the overwhelming nature of child welfare workers' jobs, but most indicated that their experiences with workers often varied widely. They remain concerned about the toll that the turnover rate was having on children.

> *"They (children in foster care) had three different workers in three weeks..."*

School professionals observed that lack of experience and training affects how cases are handled and how children are treated.

> *"So a lot of workers come in and are just really na•ve as to what is going on in these kids' lives and what they are facing when it is a very serious situation. I think it is really unfortunate and not helping the children at all. Where some workers...who you can tell are much more experienced and they way that they handle the cases are much different, where I will have a worker in very similar cases and they are handled opposite."*

> *"I also find that at least in one case, one of the workers, I was very saddened to see how she used physical force and threats to remove a child from the building...She grabbed him around the waist and when he hung onto a doorframe, the person who was there to assist her pried his hands off the doorframe and he was struggling against her. Then finally I intervened...The child (stood up), but then proceeded to go to a door and that's when the worker yelled after him and said 'that was fine, go ahead, then I can just call the police and I don't have to worry about you.' This is a child who had some real significant concerns about himself, his mother and his siblings."*

System Fragmentation

Nine participants specifically mentioned their belief that the system is fragmented and uncoordinated, making collaboration difficult. Sometimes it is impossible to determine who is working with the children.

> *"I have had difficulty with the zones because my school pulls from 3-4 different zip codes. So because of that my cases will go to 3-4 different*

sites so it is harder to get to know the workers or to figure out who is working with what child."

"We would love to have a central number where you could call and find out who is the case worker for this kid."

Children with special needs

A couple of educators emphasized that the unique needs of teens and children with disabilities were not receiving adequate attention. They were particularly concerned about BMCW's response to children with severe disabilities.

"We have...kids that are not verbal and I have had a worker in particular saying 'Well, they are not verbal so I can't interview them, so therefore I can't prove anything.' I said that this is a child that does not talk, and does not walk and cannot get out of the wheelchair. How do you explain all these marks on this kid's body? But they just blew that right off because the kid couldn't talk."

"I think there needs to be people that are trained in special areas just what the needs of the kids are."

In addition, professionals believed BMCW was doing a "dismal" job with teens and teen parents who are foster care.

"I have a student that the worker had promised to set up daycare for her in August and as of (May) that still has not been done. Initially the worker told me it wasn't his responsibility...Then he tried to convince me there was no daycare available for her. ...I had numerous phone calls... to this worker's supervisor who never bothered to respond. Finally (the supervisor) called me and asked where in the foster care system would he access dollars for day care. I suggested that perhaps if he were a supervisor for foster care workers, he might be able to better access that information...I have yet to see (this student) back at school on a regular basis."

Community social service providers, health care providers, biological parents and other community members

Twenty-four social service providers, health care providers, other mandated reporters, and biological parents participated in the project through interviews and the hotline.

What's working?

Intake

Again, community providers and others mentioned Intake as one of the positive aspects of the system. They noted that it was easier to get through and more children were being screened-in for investigation.

"People are answering the telephone. That was planned. That is a real nice change. People are answering the telephone. I appreciate that wholeheartedly."

Concerns

Turnover Rates

Similar to other groups who participated in this project, these participants indicated that turnover rates among child welfare workers are a major concern of the community. Social service and health care providers, who work with children under the care of the child welfare system, noted the impact that the turnover rate was having on children and families, as well as on these providers' ability to work with the system.

"They have to be aware that is not a positive because you start with one worker and then you end up with another and then you can't figure out who the worker is or the case is just sitting there...we have had families say 'Well, I am on my third worker now. I don't even know who this person is. Especially if you are in Safety Services because that is the longer term, 4-5 months because finally you are getting to know somebody and if you are starting to trust them a little bit and can be really open, like if you have an AODA issue and nobody knew about it, maybe it would come out and people keep flipping on you, that is not likely to happen."

Worker Training

Among community members, there was a perception that workers are not adequately trained to meet the demands of the job.

"Workers are young, inexperienced poorly trained and exercise poor judgment. They admit not knowing what to do and ask advice [of community service provider.]"

Title XIX cards

Some participants referred to problems clients have with timely access to medical (MA) cards. Without the medical card, or temporary medical card, children do not have health coverage.

"Maximus that took over doing Title XIX cards for youth services don't do the review in a timely manner. It creates a gap and children don't have coverage."

[Regarding emergency Title XIX cards], "What happens then if a child goes to see a doctor or needs a prescription and when they put in the information, the card hasn't been entered in at Maximus. Thus, doctors, etc. do not want to accept "good faith" cards."

Collaboration with Community Agencies
Twelve community providers noted their frustration, as did education professionals, with the lack of collaboration and communication between their agencies and BMCW. They explained that not only should they work effectively with the system, but they also have information that may prove valuable in helping the families.

> *[Regarding ongoing services], "We will call and say we worked with this family for two years. Do you want some input? Nobody will call you back. Or we are told 'Well, we have to have a release of information' and fine, we will get the release of information. And we still don't get a call back. It seems like they are not interested in community collaboration. But that is not true across the board."*

With respect to collaboration, the perception exists that the Bureau is unwilling to consider suggestions from agencies with whom they work closely. Some participants felt that providers' input, including from agencies that have contracts with the state or vendors, is not accepted.

> *"The system operates like an incestuous family. Certain segments of the system are marginally serving families. The threat from management - state - is clearly there. The cooperative child who protects the reputation and name of the system - abuser - is rewarded. The one who calls attention to problems get punished or threatened to be punished."*

> *"Sometimes even when we do have meetings, like say with [the administrator] or something, it is almost like an adversarial relationship. I just get that feeling and why is that. I know we tend to criticize a lot, but that is part of the reason we do is because we don't get that feedback of 'We want to be on your team.'"*

> *"If you are a community-based organization, you can't operate an agency in the red. You have to be financially stable. Therefore the state clearly doesn't want to hear anything but what it wants to hear, and it is not in your best interest to tell them what they don't want to hear."*

Paperwork and caseloads
Thirteen participants also mentioned that workers are responsible for significant amounts of paperwork and large caseloads. They believe that both have a negative impact on service provision.

System fragmentation
Fragmentation was repeated as an issue with this group of participants. At least five noted their belief that it leads to inconsistencies in how families are treated and what services they receive.

"The design did offer some promise, but there has been tremendously poor implementation. It lacks consistency in how families - both birth and foster families - are treated across the five sites."

Biological Parents

Biological parents represented the smallest sample of participants in this project. The few who called the hotline had had their children returned to them after allegations of abuse/neglect were not substantiated, or in one case were dismissed by the court. These parents believed that the workers who did the initial investigations did not do a thorough job and treated them inappropriately, as if they were automatically assumed to be guilty of the allegations.

"When the investigator came to the home, she did not write down any information. Her eyes were averted to the ceiling while I talked to her. It was clear the investigator had already made up her mind. When I asked why the investigator wasn't taking any notes, she said 'I don't need to.' The entire process took 3 months and $15,000 in legal fees. In the end the Judge dismissed the entire case."

"They need to explain to parents what is happening, what their concerns are. The worker should have to make an appearance even if they are on-call [after hours]. Investigate before removing the child."

SECTION FIVE

Foster Parents

On December 31, 1999 there were a total of 7,902 children under the court's jurisdiction. Of those, 6,788 children were in out-of-home placements - group care and foster care.

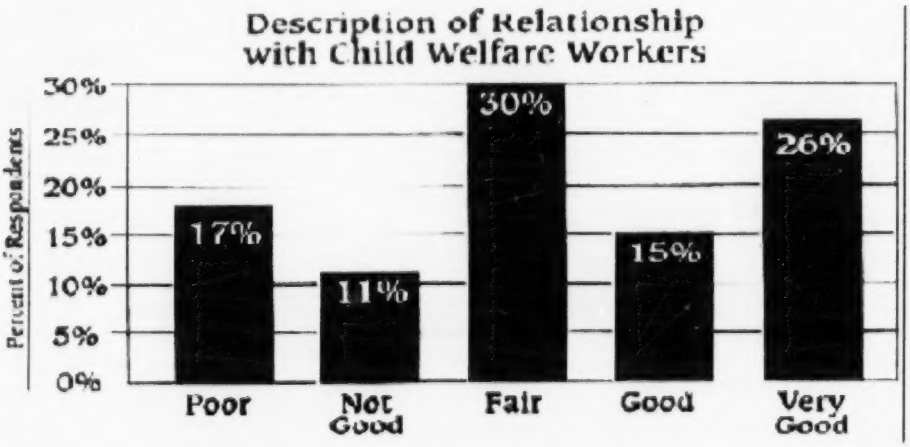
Information from foster parents was collected through the hotline and a foster parent survey. 1,265 surveys were mailed to licensed foster parents in Milwaukee County. A total of 252 surveys were returned for a response rate of 20 percent. What follows are the survey results and major themes that emerged through survey comments and hotline calls.

What's Working?

Relationships with individual workers
At least two foster parents who called the hotline stated that they had a positive relationship with individual workers.

> *"We need more caring caseworkers like I had and have through the system."*

Forty-one percent of survey respondents rated their relationship with individual workers as "good" or "very good."



Foster Parent Classes
One hotline participant specifically indicated that the foster parent classes were a positive experience for new foster parents.

Medical Exams
The majority of survey respondents indicated that children received a medical exam within the first month of placement in their home.

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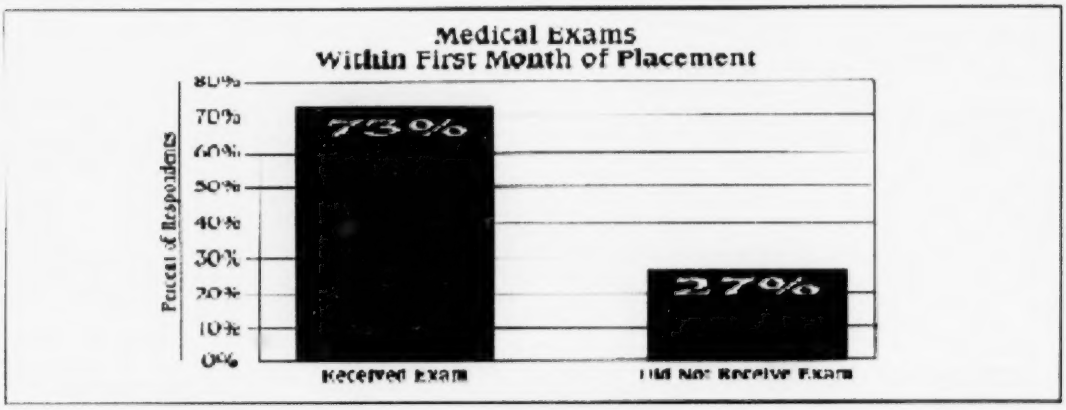

In addition, 95 percent of respondents indicated that foster children placed in their care prior to the state takeover had received a medical exam within the last year.

Concerns

Worker caseloads and turnover

While a few participants indicated that they have a positive relationship with individual caseworkers, they were concerned about turnover rates and worker caseloads. Eight of the thirteen foster parents who called the hotline stated that this was having an impact on workers' contact with children and foster families.

> *"Something could be done to relieve the overwhelmed workers."*

> *"I am angry and upset over the lack of caseworker involvement. We have had one visit per caseworker. We have had 3 caseworkers since February. None of the caseworkers have ever attended any I.E.P. or special needs meetings at the children's school."*

Survey results show that the majority of respondents have had from one to three caseworkers since January 1, 1998, as noted in the table below. However, not all respondents have been foster parents since January 1, 1998; 16 percent of respondents, whose answers are included below, have been foster parents for less than one year.

Number of Caseworkers Survey Respondents Report Having Since January 1, 1998

NUMBER OF CASEWORKERS	PERCENT OF RESPONDENTS
1 to 3	56%
4 to 6	28%
7 to 9	11%
10 or more	5%

Title XIX Cards

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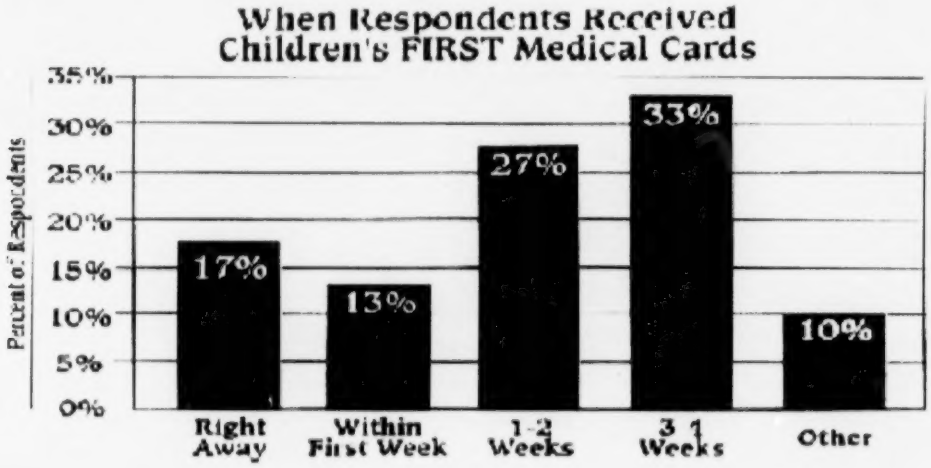
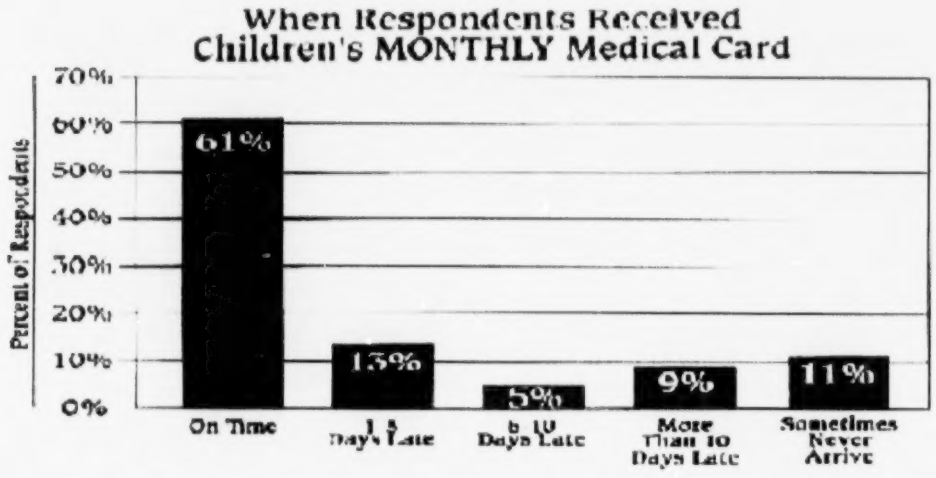
Similar to what is reported in other sections of this document, foster parents indicated that they are not receiving children's initial Medical Assistance cards immediately after the child is placed with them. Hotline callers and survey respondents mentioned this as an ongoing issue.



Respondents did indicate that the children's monthly medical cards arrived in a more timely manner.



Children's Needs at Placement

A number of survey respondents commented that they think children are placed without adequate resources; they often lack changes of clothing or infant supplies. In addition, a few participants noted that the foster parents frequently did not receive essential information about the children, i.e., appointment schedules, physical needs, or special behaviors.

> *"The childrens (sic) are brought to us without any clothing. At least they should have one change of clothes."*

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"One was a baby with no supplies. No information was given on how we were to buy or be reimbursed for all the items we needed to purchase for the baby. We were not given any information on the older child's anti-social behavior that had been documented as parental abuse and that this child was being treated by a psychiatrist and therapist...We were given no information that the baby had been going to speech and behavior therapy twice a week. We only found this out during a visit with both children at their clinic to meet with their doctor during medical examinations...This all had to be known by the people who dropped these children off at our home, but nothing was said. Why?"

Support for Foster Parents

One participant appreciated the fact that Bureau representatives attended Foster Parents' Association meetings; many more, over half of hotline callers and a number of survey respondents, indicated that the system was not supportive. Their reasons varied, but among the more prevalent were: 1) difficulty in reaching caseworkers, 2) communication problems, and 3) problems getting supplemental payments for special needs children.
A few commented that they had already stopped being foster parents or were considering quitting because of their frustrations.

"I'm thinking of not being a foster mother any longer. Maybe just a (sic) emergency foster mother. I'm not sure yet. I mean, I love kids a lot. But I feel (the system) put too much pressure on foster parents/me. I've been a foster parent for at least 20 years."

Respondents offered suggestions on ways the Bureau could help foster parents. Some ideas included a "support" hotline or a newsletter, developed by the Bureau, for foster parents.

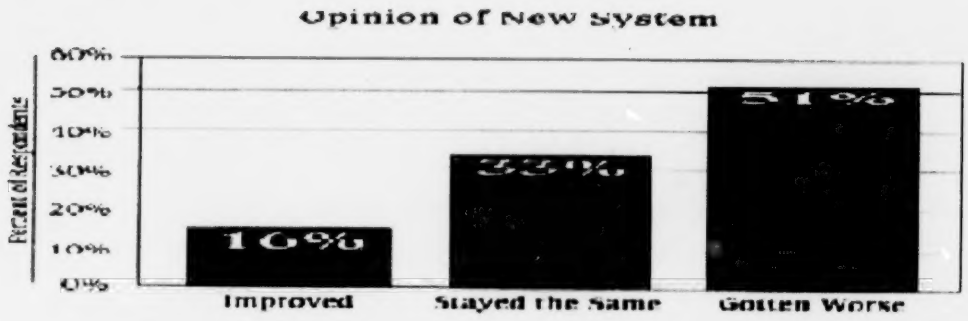
"They should develop an automatic rate review system and they should think about developing a foster parent newsletter...that specifically addresses foster care issues, such as mileage [policies]."

The New System

One respondent noted, *"They should be congratulated. It is hard work and nobody likes change, but the state is handling it well."* Many more foster parents who participated, however, were concerned about the changes that have come about since the inception of the new system.

"Things are much worse. The treatment of foster parents...the quality of foster parents...the big turnover - I have had three different workers for one child."

The majority of survey respondents think that the system has gotten worse.



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SECTION SIX

Children's Court Personnel

Children's Court is an integral part of the child welfare system. Collectively, the personnel are responsible for setting policy and for a range of decisions, from placing a child in temporary custody to reunification with parents or termination of parental rights. Representatives from the courts meet regularly with Site Managers and BMCW Administrators on court-related issues.

During the latter half of 1999, WCCF held focus groups and conducted interviews with attorneys, social workers, a court commissioner, a judge and other professionals who work with child welfare cases in all major departments at Milwaukee County Children's Court. A total of 20 individuals participated. Given the nature of their responsibilities, most of the information concerns permanency placement.

What's Working?

Increased Resources and Services
Some participants noted that since the state took over, more resources are available to the system, which they believed was previously operating with inadequate resources.

> *"The number one positive aspect is resources. That is really the reason that the state came into it. Milwaukee County was grossly under-resourced."*

Focus group participants noted there were new or reinstated resources available.

> *"Another good thing they have home services which we hadn't had in a long time."*

Dedicated, Capable, and Hardworking Caseworkers
Many court personnel praised the dedication of individual workers. They noted that many of the workers were energetic, hardworking, and faced difficult responsibilities.

> *"Many of the young workers are very good, very capable, if they are given a chance. It is not for lack of talent or drive or anything. The human resource issues are not bad, it is the training and supervising I think that are the negatives."*

> *"Some workers are incredibly good. They are dedicated and have the best interest of the family at heart."*

Improved Responsiveness

At least one interviewee specifically noted the state's willingness to problem-solve on court-related issues, which was uncharacteristic of past practice.

> *"The state now has a very organized system where there is a lot of levels and there is a lot of policies in place and they're much more responsive to problems and have expressed a willingness to problem solve."*

Neighborhood Sites

Decentralizing the agency and placing sites in the neighborhoods was mentioned as a positive concept. However, participants did note their concern that site assignments, when tied to the parents' address, can become a problem given the mobile population...it becomes difficult to provide consistent services.

> *"I personally think the idea of localized sites versus one big hub to which everybody else must travel is a worthy, good, positive thing."*

Concerns

Case Transfers and Staff Turnover

Numerous issues emerged around the themes of case transfers and staff turnover. Almost all interview and focus group participants expressed frustration with the frequent changes in caseworkers. The assignment of a new worker often interrupts the natural progression of the case. One participant noted that there are ongoing efforts to try to reduce attrition.

Participants highlighted the propensity of newly assigned workers to revise plans and essentially "start fresh" with a case, rather than pick up where the last worker left off. In some instances, the new workers try to work toward reunification when the children had been out of the home for years and really did not have any attachment to, or even know, their family of origin. According to participants, this not only slows the court process, but, more importantly, may also hurt the children.

> *"There is a lot of turnover and the workers, case managers and social workers that are on the case and somebody new gets the case and they will treat is as if it is a brand new case and doesn't see that there is a permanent plan or goal already. I think that is one of the things that really hinders a case towards permanency is the worker not reading the file when they get it."*

> *"The change of social workers. That is a real problem. I can deal with different philosophies of social work, but in doing termination of parental rights petition when a parent hasn't visited a child in years, and all of a sudden they dig up a parent to visit. This child is a stranger to the parent. Sometimes you have to switch gears from reunification to the fact that we are looking for a real, stable home for a child and that to reintroduce a parent who is really a stranger who is probably going to abandon the*

children again. There will be two periods of abandonment rather than just one."

Because of turnover and case transfers, participants repeatedly stated that workers are often unfamiliar with the case, the family, existing plans of care, including what services the family and/or child have been receiving. Participants noted that workers often lack current essential information, i.e., is there an adjudicated father; where do the biological parents reside. Such snafus may delay the court process.

"Turnover [creates a] problem for parents to know who's providing service or who the worker is."

"When you get to the TPR stage you find that there are fathers and you found it in the file. We (attorneys) found it. Why aren't the new social workers reviewing the complete file and saying 'Wait, the court letter mentioned a father.' By the time a CHIPS DA gets it down the road on an extension after three years, well there is a father, we have to set conditions for him. He has to meet them too. What we are finding in a TPR is that that sets TPR back."

Participants also noted that cases are sometimes transferred from one site to another just as the case is about to go to court. When this occurs, the newly assigned worker often is not familiar with the case, making it difficult to get valuable information into the court.

"The change in social workers, it is often right before the hearing, it seems like it happens."

"It is really hard for court hearings because if it comes right before court, not only do you have to try to fill in your worker, make sure they are on the right page and that they new worker isn't recommending return home if the permanency planning has been TPR for four years."

"I just don't understand and I see it happening a lot of times for no good reasons other than they have too many cases."

Supervisors' Understanding of the Legal System

Participants in both focus groups and a few who were interviewed expressed their concern that some newly hired supervisors are not properly trained with respect to the court process. However, they noted that some of the supervisors who have extensive experience in Milwaukee child welfare understand the system very well.

"I think a lot of the workers understand the legal system. Their supervisors don't."

"They call you with questions, with things there is no way they should be in their job without knowing, just what happened. 'Well, what kind of

court report am I supposed to have? Where are we? What stage?' Well you were there last year and didn't you hear? 'Well, I don't know what it means. I don't know what a dispositional hearing is.' Just real basic stuff they are not being told. They swear they are trained, but I don't know."

Service Provision

Focus group and interview participants noted that there is often a lack of services, or inadequate services, available to children and families. Among their observations: 1) the system does not have adequate resources to serve teens and teen parents; 2) system fragmentation makes it difficult to know what services are available at the different sites; 3) disparities exist in the amount of services available at the different sites.

"We're finding that a certain amount of money has been allocated for this particular function and maybe it's not needed because it's needed somewhere else."

"I think there is a real lack of resources and I found that since the state takeover, its like everyone has their own contracts that they can buy and it is like trying to locate the right site that they can buy the right resource and one can buy this resource but not that. It seems to me that really has made the court process a lot longer than it used to be, trying to get resources set up and down on a case."

"I just noticed recently in reading these court reports and the children are stated to be in therapy or receiving services and going to the visit and ... I will say 'I understand you're in therapy with so and so.' And they look at me like I am from Mars. I think it is very monitored that the parents are receiving services because the parents are the ones who have to have the child returned home and ... are being held accountable in court. But we have these children that have been neglected, abused, thrown around from home to home, just a mess, and aren't getting anything."

"The notion of visitation with families. I am overwhelmed with the number of times parents don't get to see children for weeks."

Change of Placement Notices

Change of placement notices must be filed, by statute, ten days prior to moving the child; during this time, parties have a right to object. In emergency situations, the child can be removed from a placement, but all parties must be notified within 72 hours. Attorneys who participated in the focus group and those who were interviewed noted that this was a significant problem. In fact, they mentioned that the notices were being filed long after the change of placement had already occurred. Some attorneys stated that the notification procedure was improving somewhat, although it remains a problem.

"There is a tremendous problem with changing kids' placements. The statute is simple. Just follow it. But it is not. And many times I think it is

being manipulated to return kids who shouldn't be returned because once they are home and we have a real problem in objecting and trying to deal with it and they know that."

System Design

At least two interview participants noted that the design of the system was an issue in that persons outside of the Milwaukee County child welfare system developed it. One participant expressed the belief that this caused a struggle initially, but from their perspective has been worked through.

There is a systemic problem in part because it was designed by people outside the system. [Paraphrase]

"Early on in the proceedings had a lot of difficulty when the state took over, but we've worked through that....I've been very pleased with the response that we've had."

Children with Adversarial Counsel

Children who are over the age of 12 are assigned a public defender (adversarial counsel) and are able to attend their own court hearings. Attorneys noted that their workers sometimes do not bring these children to court, even when the children ask to attend.

"Because the kids are 12 and they have adversarial counsel often times they need to come to court and the only way they know that they can get to court is through their worker and workers aren't always bringing clients to court. Sometimes they want to come and they're not brought."

One participant suggested that representatives from all major children's court divisions - Guardians ad Litem, District Attorneys, and Public Defenders - provide training to new hires in order to improve: 1) the understanding of these issues and 2) the communication between workers and attorneys.

Paperwork and Case Files

The issues related to paperwork, court reports and case files were mentioned in both focus groups. Participants criticized the system for placing emphasis on completing the paperwork without considering whether the information would be useful in moving the child toward permanency.

"As far as the court reports, the extensions and the predispositional court reports, they are becoming more generic which makes me wonder how much anybody knows about the case."

"It seems to be that lately what the Bureau is calling permanency planning is filling out this report in typical fashion and created a form, more paperwork. I just see more paperwork."

"What good is the beautifully filled out ten page permanency plan if nobody works on it or there is no adoptive resources? You can go on and on. The paper compliance, I don't think you would ever find any problems with it. You always manage to figure out how to comply with it."

"I think they need to find their hearts. What I have seen is that the heart has gone out of all the CHIPS and TPR stuff with this changeover and I know there are some that are trying, but I think they have lost sight of commitment to children."

In addition, focus group participants think that the paperwork burden may account for the workers' lack of familiarity with the families and children, or with case information that is essential to a strong court presentation.

"The push is liability coverage. Do this, do that, do this form. I don't think they are getting it that this is social work. You get out there and you work with people."

SECTION SEVEN

The Numbers:
Funding and Caseload Data

Bureau of Milwaukee Child Welfare Funding

Milwaukee's child welfare funds come from three sources; 1) state general-purpose revenue (GPR), 2) federal funds (FED), and 3) program revenue (PR) which includes dollars provided by Milwaukee County. The 1997-99 state budget (1997 Wisconsin Act 27) required Milwaukee County to contribute $5.89M annually (the amount the county spent in 1995) to the state cost of administering child welfare services formerly provided by the county.

1998-99 BMCW Funding

According the Legislative Fiscal Bureau (LFB), the DHFS budgeted $100.3M in 1998-99 for services to families and state costs to administer child welfare services in Milwaukee County.

Services to Children and Families (AIDS)	$	84,795,700
Operating Costs (Operations)	$	15,489,400
Total	$	100,289,100

This budget was based on a number of assumptions and estimates using the best information available on the number of children that would be referred to BMCW for services.

1999-2001 BMCW Funding

When funding requests for the 2000-01 budget were submitted by state agencies to the Governor's office, BMCW had been responsible for Milwaukee's child welfare system for less than one year and certain parts of the system had been operating for only a few months. When the Governor drafted his budget, the caseload and BMCW expenditure information reflected only data gathered during the period when the program was being transferred from Milwaukee County to DHFS. Consequently, the Governor's budget for Milwaukee County child welfare was approximately $16 million less (over the biennium) than was requested by DHFS.

DHFS Budget for BMCW*

	Base Funding (98-99 X 2)	Budget Bill Request 1999-2001	Fiscal Bureau Re-estimate 1999-2001	Joint Finance Appropriation 1999-2001
Aids	$169.6*	$178.8	$181.8	$184.8
Operations	$ 31.0	$ 33.0		$ 31.6
Total	$200.6	$211.8		$216.3

* All figures (rounded) in millions of dollars.
* From DHFS and Legislative Fiscal Bureau Documents.

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In May, the LFB issued a cost re-estimate to the Legislature's Joint Committee on Finance based on more current caseload data. The Fiscal Bureau's estimates reflected significant changes to the Governor's bill. For example, during the entire year of 1998, 778 referrals were made to Safety Services. By April 1999, there were already 706 referrals.

Using this current data, the Fiscal Bureau's re-estimate indicated that child welfare services in Milwaukee County would cost $5.9M more than the amount requested in the Governor's budget bill.

Shifts in Funding Sources

When the Governor's budget was formulated it was assumed that the state would be able to use Medical Assistance (MA) Targeted Case Management Funds (TCM) for case management services to children in out-of-home care, rather than the federal Title IV-E fund currently in use. This proposal required a federal waiver that would have allowed the state to draw down more federal dollars. The MA-TCM match from the Federal Government would be at the more favorable 59 percent match rate rather than 50 percent match rate under Title IV-E. (Under MA reimbursement for every $100 spent by the state from GPR the Federal government would provide $59 instead of $50 under Title IV-E.

The Governor's recommendations were based on the assumption that Wisconsin would receive the waiver. Working under this premise, the Governor's budget used the projected Federal dollars to supplant GPR expenditures for children and families.

The state has not received the waiver and has been advised that such a waiver is not likely to be granted. As a result, there was an approximately $43.6 million dollar GPR shortfall in the DHFS budget where federal dollars were to replace GPR. The Fiscal Bureau estimated the BMCW portion of this shortfall to be $24.8M Fortunately the Finance Committee voted to use GPR to fill the hole, part of which is included in the BMCW budget summary shown above.

BMCW Data:
1998-1999

Intake

The Bureau received an average of 1,159 reports of alleged child abuse per month in 1998, slightly higher than projected. In 1999, this monthly average rose to 1,458; although higher, it was below projections. During 1999, an average of 82 percent of the calls were "screened in" for further assessment. A report is screened out when no incidence of maltreatment is indicated and generally represents calls for assistance or resource information.

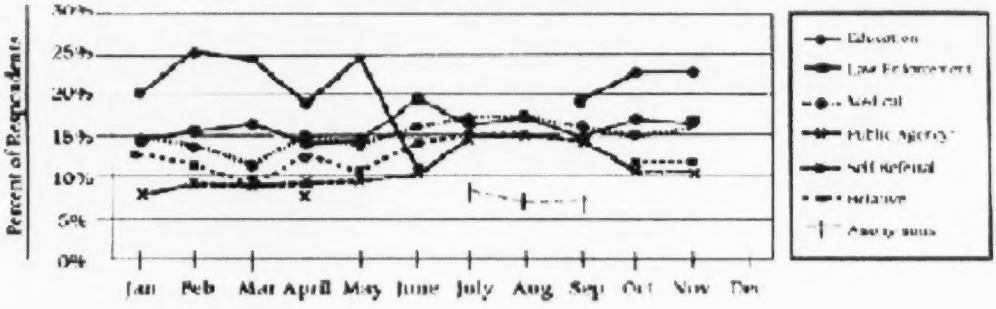
Referral Sources

The sources of referral remained fairly consistent each month; however some variation is noted between the years.

REFERRAL SOURCE	1998	1999
Education	20%	17%
Medical	15%	15%
Law Enforcement	14%	16%
Relatives	13%	13%
Public Agencies^		10%

^Includes contractual vendors, shelter and social service agencies.
*From data provided by BMCW. Averages were calculated using intake reports representing 69-76% of all referrals.

1999 Referrals By Group



Safety Services

In 1998, 778 cases were referred to safety services, far lower than the number projected. In 1999 the number more than doubled to 1,854.

Assessment

Initial assessment workers are located in each of the five regional sites. Boundaries were drawn with the expectation that each site would receive about 20 percent of intake referrals. However, in 1998 there was an imbalance resulting in higher numbers at Site 3 and 5 (Teutonia and S. 70th St.) A reassignment of Zip codes at the end of the year brought sites 3, 4, and 1 close to 20 percent of referrals. Site 2(North Ave.) remained low at 16 percent and Site 5 had 24 percent. BMCW formed a workgroup to correct this imbalance. In 1999, the average percent of referrals for most of the sites was at or near 20 percent. Site 5 remained the highest with an average of 23 percent of total referrals (through October) and Site 4 was the lowest at 18 percent. In 1999, the five sites received the following percent of total referrals from intake:

- Site 1: 20.83%
- Site 2: 19.28%
- Site 3: 18.87%
- Site 4: 17.75%
- Site 5: 23.27%

Ongoing Services/Out of Home Care

In 1998, the number of cases referred to ongoing services was lower than projected, totaling 805. In 1999, a total of 1,036 cases that were referred for assessment had been transferred to ongoing case management. As of December 31, 1999, there were a total of 7902 children under the court's jurisdiction. Of those, 6,778 were placed in out-of-home care, which includes foster care and all types of group care. The remaining 1,124 are at home under court ordered family supervision.

BMCW statistics indicate that caseloads in ongoing services are steadily increasing. The number of new families receiving ongoing services fluctuates monthly, but the average in 1999 was 92. This falls below the state's projection of 133 new families per month.

Reunification/permanence - 1999

By December 31, 1999, 701 families were reunified. 285 families obtained court ordered legal guardianship and a total of 303 children were adopted. Meaningful comparison with 1998 is not possible because some vendors did not come on line until later in that year. While some fluctuation is evident there does appear to be a monthly increase in the number of guardianships and adoptions in 1999.

For more information, please refer to the attached 1999 data produced by BMCW (Attachment 5).

When comparing the 1998 and 1999 numbers, it is relevant to note that some of the vendors did not have their systems fully implemented until the fall of 1998.

SECTION EIGHT

Recommendations

The Council believes that families, advocates, and the community of professionals who work in or with the child welfare system, are best equipped to work collaboratively with the system to design modifications. As a result, the Milwaukee based Coalition to Save Our Children and the Council will be forming a community-based task force comprised of the aforementioned individuals to develop and advocate for effective policies to improve Milwaukee County's child welfare system. The task force hopes to work with the state to address the following issues:

1. Improving stability of services provided to children. Reducing case transfers and worker changes.

2. Reducing redundancy in required forms.

3. Reducing turnover rate.

4. Working to create a collaborative and collegial culture between BMCW and community agencies or systems.

5. Reducing system fragmentation.

6. Encouraging cross-system communication and collaboration.

7. Services for teens and teen parents.

8. Indentifying need resources for children and families.

9. Improving support for foster parents.

SECTION NINE

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